WASHINGTON ADVENTIST HOSPITAL
PATIENT CARE POLICY MANUAL

ADMISSION/DISCHARGE/TRANSFER CRITERIA FOR THE IMCU

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SCOPE

All Patient Care Areas

PURPOSE

To establish guidelines for the admission of patients to Unit 4100/IMCU, along with criteria for discharge, in order to provide for appropriate utilization of the units' beds.

POLICY

Admission or transfer to the IMCU is made by the private physician, Intensivist or house officer through the Admitting Office. The Emergency Department or the Admitting Office notifies the Charge Nurse.

A. ELIGIBILITY

1. Patients admitted to the IMCU may require frequent interventions and assessments but do not require the level of support given in the intensive care unit. Monitoring capabilities include non-invasive monitoring such as NIBP, oxygen saturation and telemetry monitoring. During times of high utilization and scarce beds, patients will be triaged in order of priority classification. Eligibility is based on admission and discharge criteria as well as the reversibility of the clinical problem, the likely benefits of IMCU care, and expectation of recovery.

2. In case of conflict regarding the admission or discharge criteria or during periods of high utilization and scare beds, the Medical Director, or designee, will decide final triage decisions, in consultation with the attending physician.

B. OBLIGATIONS OF ATTENDING PHYSICIANS

1. The attending physician assumes responsibility for the overall coordination of the care of the patient, and agrees to be available to the unit in a timely fashion to address problems as they arise. If the training, expertise or availability of the patient's own attending physician does not permit the fulfillment of that responsibility, then the overall responsibility of care may be transferred to another physician.

2. When a patient is admitted from outside the hospital to the IMCU, the patient must be seen within eight (8) hours of admission by the admitting physician (or designee). This requirement begins when the patient is admitted to the hospital, not the unit. An admitting note and history and physical shall be placed on the chart within eight (8) hours of admission. When these items are dictated, a note should be written to that effect and sufficient information given so that emergency treatment can be appropriately administered. When a patient is admitted to the unit as an overflow medical-surgical or cardiac telemetry patient, the patient will be seen by the attending physician according to guidelines for those patients.

3. IMCU patient's admission orders should be obtained upon the patient's arrival to the admitting unit. When a patient is transferred from another facility or unit to the IMCU, the admission orders cannot merely state "continue all the same medications and treatments".

4. The attending physician or designee will see patients at least once daily and record in the progress notes.

C. ADMISSION CRITERIA

1. Patients that meet the following criteria are candidates for admission to IMCU:

   a. Patients being transferred out of ICU who require a transition period of care and/or observation that exceeds the resources of a general medical-surgical unit. Examples include but are not limited to:

      1) Patients undergoing extubation within the past 12 hours.

      2) Patients with O2 therapy with frequency of interventions not > every 2 hours.

      3) Patients with GI bleed stabilized with absence of gross GI bleeding and stable hematocrit.

      4) Hemodynamic stability without assist or support devices.

      5) Absence of invasive monitoring lines.

      6) Patients requiring mechanical ventilation support.

      7) Patients on Vapotherm or continuous BiPaP.

   b. Patients who require care and/or observation that exceeds the resources of a general medical-surgical unit. Examples include but are not limited to:

      1) No greater than every 2 hour measurement of VS, I&O, neuro/vascular checks, labs.

      2) Patients with in-dwelling airways receiving assisted ventilation on a continuous or intermittent basis.

      3) IV medications not deliverable on a general floor.

   c. Patients who meet the admission criteria for cardiac telemetry and medical/surgical units but for whom there is not an available bed may be boarded on the IMCU until a bed becomes available in telemetry or med/surg.

2. Patients who do not fit the above criteria will be reviewed for admission or transfer to another unit.

3. Patients for whom limits have been placed on treatment or resuscitation may be admitted to the IMCU if they meet other admission criteria.

4. Patients who do not meet routine admission criteria include:

   a. Otherwise stable patients with chronic ectopy for which therapy is not intended.

b. Otherwise stable patients requiring frequent observation due to anxiety or confusion.

c. Terminal patients receiving comfort measures only, not on mechanical ventilator support.

d. Stable patients requiring intervention or assessment less frequently than every 2 hours. These patients would be admitted to IMCU only under unusual circumstances and they should be discharged as necessary to make room for Priority I and II patients.

D. FURTHER SPECIFIC CRITERIA

1. Only patients whose condition is not currently deteriorating, and who are determined to not be at significant risk for requiring intervention to prevent or treat life threatening conditions are appropriate. Patients who are deteriorating and are at significant risk should be cared for in ICU.

2. Direct admission: considered based on bed availability.

3. The attending physician (or designee) shall decide if the patient medically requires an IMCU bed.

4. If the attending physician orders IMCU and the patient does not meet criteria for admission, the Medical Director shall be notified.

5. IMCU patients admitted to another setting due to non-availability of beds will receive the level of care appropriate to an IMCU patient.

6. When an IMCU bed is needed and all attending physicians report that their patients are not transferable, the Director, or designee, will confer with the Medical Director, or designee, who will, in consultation with the attending physician, make final triage decisions.

E. DISCHARGE CRITERIA

1. It is the responsibility of the attending physician to promptly transfer patients meeting discharge criteria.

2. Patients are discharged when their need for the special services provided by IMCU is no longer present, when their condition has stabilized such that they can be cared for on the general telemetry or medical-surgical floor or when treatment has failed, prognosis is poor and there is little likelihood of recovery or benefit from continued IMCU treatment.

3. The Charge Nurse will evaluate patients each shift to determine readiness for discharge. Attending physicians are responsible for discharging patients from the IMCU in a timely manner when they no longer meet criteria. Patients shall be evaluated by the attending physician every 24 hours to determine progress and readiness for discharge. The patient who derives the least benefit from the facilities of the IMCU unit shall be the first to be transferred out of the unit.

4. Patients unlikely to benefit from continued IMCU treatment include:

a. Patients who are brain dead or who have non-traumatic coma leading to a permanently vegetative state and a very low probability of meaningful recovery.

b. Patients who have had formal limits placed upon their care consistent with “comfort care only”.

c. Patients with protracted respiratory failure who have not responded to initial aggressive efforts and who are also suffering from irreversible malignancy.

d. Patients with a variety of other diagnoses (advanced COPD, end-stage cardiac disease, or widespread carcinoma) who have failed to respond to ICU therapy, who short-term prognosis is also extremely poor, and for whom no potential therapy exists to alter that prognosis.

5. It is expected that there will arise situations for individual patients in which the discharge decision does not conform exactly with this policy. It is the intent of this hospital and medical staff to make the best decisions for the individual in the context of the overall need for care. If a patient is discharged for the IMCU who does not meet discharge criteria or is retained in the IMCU although meeting discharge criteria, an explanation should be documented in the chart by the attending physician.

F. NURSING RESPONSIBILITIES

1. The IMCU Nurse will give a complete report to the receiving nurse, and assist staff with orientation to unusual therapies or equipment.

2. The attending physician, patient and family shall be notified of discharge.